

Insurance Company Annual Return for SBT and Retaliatory Tax

Issued under P.A. 228 of 1975, as amended. Filing is mandatory.

1. Company Name		2. Federal Employer ID NO. or TR No.	
Address (No., Street)		3. Insurer Type (Check one)	
City, State, ZIP		<input type="checkbox"/> Foreign <input type="checkbox"/> Domestic	
Contact Person	Contact Person Phone No.	4. State of Incorporation (2 letters)	

ADJUSTED RECEIPTS

5. Enter the amount of your total company adjusted receipts for calendar year 2000 **5** | 00

APPORTIONMENT

6. Enter your Michigan gross direct premiums **6** | 00
7. Enter your total gross direct premiums everywhere **7** | 00
8. Michigan apportionment percentage. Divide line 6 by line 7 8 %
9. Apportioned Tax Base. Multiply line 5 by line 8 9 | 00

DISABILITY INSURANCE EXEMPTION

10. Enter your disability insurance premiums written in Michigan, not including credit insurance or disability income, OR \$130,000,000, whichever is smaller **10** | 00
11. Enter total gross direct premiums from all lines of insurance carrier services everywhere 11 | 00
- \$180,000,000 | 00
12. Subtract \$180,000,000. If less than zero, enter zero ... 12 | 00
13. Exemption reduction. Multiply line 12 by 2 13 | 00
14. Allowable exemption. Subtract line 13 from line 10 (can't be less than zero) 14 | 00
15. ADJUSTED TAX BASE. Subtract line 14 from line 9 15 | 00
16. TAX BEFORE CREDITS. Multiply line 15 by 1.1865% (.011865) **16** | 00

CREDITS

17. Enter amounts you paid from 1/1/99 to 12/31/99 to each of the following:
a. Michigan Workers' Compensation Placement Facility **17a** | 00
b. Michigan Basic Property Insurance Association **b** | 00
c. Michigan Automobile Insurance Placement Facility **c** | 00
d. Property and Casualty Guaranty Association **d** | 00
e. Life and Health Guaranty Association **e** | 00
18. Add lines 17a through 17e 18 | 00
19. This year's credit is 100%. Carry the amount from line 18 here 19 | 00
20. Michigan Regulatory Fees Credit x 50% **20** | 00
21. Add lines 19 and 20 21 | 00
22. Subtract line 21 from line 16. If less than zero, enter zero 22 | 00
23a. Contributions to **COMMUNITY FOUNDATIONS** **23a** | 00
b. **CREDIT.** Enter the smaller of 50% of line 23a, \$5,000 or 5% of your tax on line 16 23b | 00
c. Enter the **code** for the foundation you contributed to here (see inst.) **23c**
24. Subtract line 23b from line 22 24 | 00
25a. Contributions to **HOMELESS SHELTER/FOOD BANKS** **25a** | 00
b. **CREDIT.** Enter the smaller of 50% of line 25a, \$5,000 or 5% of your tax on line 16 25b | 00
26. Subtract line 25b from line 24 26 | 00
27a. Contributions to **COLLEGES AND PUBLIC LIBRARIES** **27a** | 00
b. **CREDIT.** Enter the smaller of 50% of line 27a, \$5,000 or 5% of your tax on line 26 27b | 00
28. Subtract line 27b from line 26 28 | 00
29. Nonrefundable credits from C-8000MC, line 72 (see instructions) 29 | 00
30. **TAX AFTER CREDITS.** Subtract line 29 from line 28 **30** | 00

Attach check here

Domestic insurers go to page 2, line 47. Foreign and alien insurers go to page 2, line 31.

PAYMENT	
61 Write the amount you entered on page 2, line 57 PAY THIS AMOUNT 61 00	

31. Enter the amount from line 30 31 | 00

TAXES

32. State of incorporation tax

33. Michigan single business tax (from line 31)

FEES AND ASSESSMENTS

34. Annual statement filing fee

35. Certificate of Authority renewal fee

36. Certificate of Compliance

37. Certificate of Deposit

38. Certificate of Valuation

39. Enter the **total** of other fees paid in your state of incorporation. Attach a detailed schedule of fees

40. Fire Marshall Tax

41. Second Injury Fund

42. Silicosis & Dust Disease Fund

43. Safety Education and Training Fund

44. Enter the total of all other assessments. Attach a detailed schedule of assessments

TOTAL

45. Total taxes and assessments (add lines 32 - 44)

46. Retaliatory amount (subtract line 45 col. B from col. A; not less than 0) ▶ 46 | 00

47. Amount due (add lines 31 and 46). Domestic insurers enter the amount from line 30 ▶ 47 | 00

	Column A State of Incorporation	Column B Michigan
32.		
33.		
34.		25.00
35.		
36.		
37.		
38.		
39.		
40.		
41.		
42.		
43.		
44.		
45.	▶	▶

PAYMENTS, REFUNDABLE CREDITS AND TAX DUE

48. Credit forward from 12/31/99 SBT return, line 56 48 | 00

49. Estimated tax payments 49 | 00

50. Tax paid with request for extension 50 | 00

51. Refundable Credits from C-8000MC, line 10 51 | 00

52. Total Payments. Add lines 48 through 51 ▶ 52 | 00

53. Complete this line only if you are amending a return.

a. Add to line 52 any payment of tax made with your original return

OR

b. Subtract from line 52 any refund of tax you received with your original return

c. Net payments ▶ 53 | 00

Amended filers use line 53 instead of line 52 for all references below.

54. TAX DUE. Subtract line 52 from line 47. If less than zero, leave blank ▶ 54 | 00

55. Underpaid estimate penalty and interest (see instructions) 55 | 00

56. Annual return penalty at ____ % = _____.00 and interest at ____ % = _____.00 56 | 00

57. **PAYMENT DUE.** Add lines 54 - 56. Enter this amount here and on page 1, line 61 57 | 00**OVERPAYMENT - REFUND OR CREDIT FORWARD**

58. OVERPAYMENT. If line 52 is more than line 47, subtract line 47 from line 52 58 | 00

59. How much of the amount on line 58 do you want **refunded** to you? ▶ 59 | 0060. How much of the amount on line 58 do you want **credited forward**? ▶ 60 | 00**This return must be filed by March 1, 2001.**

SIGNATURE AND PREPARER AUTHORIZATION			
TAXPAYER'S DECLARATION		PREPARER'S DECLARATION	
I declare, under penalty of perjury, that this return is true and correct to the best of my knowledge.		I declare, under penalty of perjury, that this return is based on all information of which I have any knowledge.	
<input type="checkbox"/> I authorize Treasury to discuss my return with my preparer. <input type="checkbox"/> Do not discuss my return with my preparer.		Preparer's Signature	Date
Taxpayer's Signature	Date	Business Address and Phone	
Title			